

Excellence in Neuroscience

December 16, 1999

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Re: Docket No. 97N-484S

TO WHOM IT MAY CONCERN:

I have been using allograft bone for spinal fusions for over ten years. I have never had a problem with infection or rejection, secondary to the Allograft has a well established track record and has good results when appropriately placed under compression. Historically, we have had to spend much time and effort shaping allograft wedges in the operating room while our patients are laying under anesthesia with open wounds. This is at great cost to the patient. Today, however, there has been many advances in the pre-shaping of allograft tissue, which totally eliminates our need for spending time shaping the bone while the patient is under general anesthesia with an exposed spine.

These allografts are clearly not devices. They are purely allograft bone which has been cut and pre-fit to use in certain circumstances, either in the This has been a tremendous cervical, thoracic or lumbar spine. improvement in our armamentarium as it clearly reduces operative time and risks to the patient.

Pre-cut, allograft Clowered dowels have been used for over two decades without problems. I see no reason why the FDA should start regulating these sources of allograft bone as medical devices. I can only hope that you take these comments seriously and that if I may be of any further assistance in the future, please do not hesitate to call.

Sincerely,

Maurice M. Smith, MD

MMS/slc

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Forwarding Address Correction Request



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